

sible source of pandemic influenza. Participants completed a self administered survey which was collected at the airport

Results: Respondents perceived the risk of disease transmission by coughing as carrying the highest risk (198/878; 22.6% medium-high risk) while sexually transmitted infections (STIs) the lowest (18/878; 2.1% medium-high risk). 214/878 (24.4%) respondents reported seeking travel health advice from a GP prior to departure. Pre-travel vaccination rates were low in both Australian travellers and residents of other countries, with 46/364 (12.6%) and 48/514 (9.3%) reporting at least one pre-travel vaccine respectively. Overall, the most frequently reported vaccines were for Hepatitis B (5.4%) and Hepatitis A (5.2%). There was a significant difference in reporting influenza vaccination between Australian residents and residents of other countries (17/364, 4.7% 95% CI 2.9–6.4% and 10/514, 1.9% 95% CI 0.5–3.4% respectively, $p=0.021$).

Conclusion: Diseases can arise in areas of heavy tourism; travellers may undertake activities which place them at increased risk; and travellers can act as vectors to transport new diseases across borders. For these reasons, understanding travel behaviours can inform disease control efforts. In over 800 surveyed travellers, the perceived risk of infection and vaccination rates in general was low. Opportunities exist for intervention to increase traveller awareness and modifying behaviour.

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68.017

High Rate of Recent Infections in International Travelers Departing Bangkok

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Background: In 2006, over half a million of travelers departed Thailand to Australia. A concern of upcoming influenza pandemic poses a challenge for public health professionals to find effective measures for delaying a global spread. We conducted a study to determine potential risk of transmission and factors related to the spread of infection across international border.

Methods: During November-December 2007, 114 travelers aged over 15 years who departing Thailand to Australia were randomly selected at Suvarnabhumi International Airport in Bangkok. A self-administered questionnaire was used for collecting data on demographics, traveler patterns, diseases status and risk of acquiring infection

Results: Of 114 surveyed, 74 (64.9%) entered Thailand for holidays. The majority of travelers (65.8%) spent less than 2 weeks in Thailand. Over half (55.3%) were males and the mean age was 37 years (SD 13.9). Common illnesses in the past 2 weeks reported were URI, (34.5%, 38/110) and diarrhoea, (12.7%, 14/110). For URI, 75.8% perceived that coughing/sneezing is a risk factor. Half of travelers believe

against influenza. For various places visited, transportation used and events attended, only a history of visiting farm in the past two weeks increased a risk of having URI (adjusted OR 5.6; 95% CI=1.2, 27.0). Type of accommodations and length of stay were not associated with any specific disease.

Conclusion: Nearly half of all travelers departing Thailand for Australia reported infections within 2 weeks of departure. URI was common among recent farm visitors. The possibility of a major antigenic shift and the emergence of human pandemic influenza, as well as emerging infections such as SARS, make the study of travellers and their role as vectors for infection important.

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68.018

Evaluation of Maternal and Child Health Services at Block PHC Harduaganj, Aligarh, (UP)

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Background: India has an excellent infrastructure for the delivery of MCH services in the community, but this system does not function effectively because of limited resources, communication delays, lack of commitment on the part of health professionals, political will and community participation. Keeping in view of all things present study was proposed with the following objectives-

- To study the MCH services coverage at PHC level and its utilization pattern.
- To study barriers in MCH programme utilization.

Material and Methods: A cross-sectional study was done at block PHC Harduaganj, Aligarh (UP) on women who were pregnant or in puerperium or having children of age of 12 months to 23 months and service providers in state Govt. sector from 1st August to 31st December 2007. Presence of staff, infrastructure, working equipments, availability of drugs and kits were also seen. Primary as well as secondary data were collected. 72 postnatal mothers, 181 antenatal women and 152 mothers having children of age 12 month -23 month were interviewed as per pre designed Performa. 3 medical officers, 28 ANMs, 14 ASHA and 12 AWW were also studied

Results: Block PHC Harduaganj was serving a population of 2, 60000 against the IPH standards of 1, 20000. Regarding input indicators, 3 posts of ANMs were vacant against the sanctioned posts, 50% Sub centres were running in rented building and all PHCs were lacking in facility for ambulance, laboratory, separate toilet for patient and staff, telephone and water supply. The ANMs was maintaining only 1 register instead of twelve registers as per IPH standards. Regarding process indicators, early registration was 10%, 3 ANC visits were 1.4% and PNC visits were only 31.9%. Two doses of TT 75% and consumption of 100 IFA tablets were 23.6% among postnatal women and among antenatal women 15.5% consumed IFA tablets and 51.9% received two doses of TT

according to their trimester. 78.9% among antenatal women and 75% among postnatal women complained about Reproductive tract infection and only 50% consulted any health personnel.

Out of 62.5% deliveries conducted at home, 26.4% were conducted by untrained health personnel. Only 37.5% mothers did breastfeeding initiation within first two hrs of birth, 13.9% discarded colostrums and 68.1% gave pre lacteal feed to their child. 75.75% and 78.9% antenatal and postnatal women used Nirodh respectively. 65.8% children were fully immunized & 65.1% had received Vitamin- A doses. IMR was 64.5.

Barriers in utilization of MCH services identified were lack of knowledge both among health personnel and service users, unawareness about TT immunization 50% among postnatal women & 8.47% among antenatal women, non availability of IFA tablets 75.8% and 69.1% among both group, fear of fever and infection to their child 38.5% followed by unawareness and busy 25% each. 5.8% each were discouraged by any family member and having false perceptions regarding immunization and place of immunization. Poor health seeking behavior (50%), desire for more children (47% among antenatal and 33.3% postnatal women showed their desire for at least 3 children) were also observed as a barrier in low utilization of MCH services.

Conclusion: By providing Refreshment training, ensuring availability of working instrument and their proper utilization, posting of at least one lady medical officer at PHC level and utilizing missed opportunities we can achieve goals as stated.

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Knowledge, Attitudes and Practices About Measles Among Mothers in Urban Slum Area of District Aligarh, UP

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Background: Though Measles deaths have fallen by 60 per cent worldwide since 1999, Measles remains one of the major causes of significant morbidity and mortality in the Member Countries of South-East Asia. In the present study an attempt was made to collect data on the attitude, belief and customs of mothers regarding occurrence of measles among children in an Urban Slum area in Aligarh with the following objectives.

To assess the current level of awareness regarding measles.

To assess the factors responsible for low measles immunization coverage.

Material and methods: A cross-sectional study was done in Urban Slum Area of Aligarh (UP) on women having children of age less than five year in Nov. 2006 via using a pre structured Performa. Total 90 mothers were interviewed regarding their demographic profile, symptoms of measles, and awareness regarding measles vaccine

Results: All studied women were from Muslim community and mostly were housewives (99%). 87.7% mothers were illiterate. 84.4% mother was aware of infectious nature and only 52.2% mothers were aware of symptom of measles.

77.7% mothers were aware of its complications, pneumonia being the commonest (57.7%) followed by diarrhea (16.66%). Almost every mother (95.5%) was having knowledge that measles commonly involve children. Their knowledge and attitude regarding measles vaccine was not favorable. Only 56.6% mothers were able to tell that that we can prevent our child through Measles vaccine. Only 13.9% Children were found immunized against measles vaccine. Major reason for this much of low immunization was non awareness about age & place of vaccination (56.5%), Fear of infection and far vaccination site 16.1% each and 4.8% mothers did not find it necessary to have measles vaccine. Long Que and absenteeism of health staff was also observed as a barrier in low vaccine coverage(3.2% each). 76.6 mothers gave no response, whether their child should be vaccinated or not. This reflects their poor Knowledge & attitude towards measles vaccine. Their attitude towards food was also not found favorable, as 84.4% mothers will restrict their child from Roti & Milk during measles illness. This will cause children more prone develop complications resulting in increase in mortality & morbidity. Out of 90 two children had contracted measles in the past and all consulted Vaidya. Mother's preference for Vaidya for consultation, reflects their belief in indigenous systems, though It is not scientifically proved that vaidya are able to treat measles, it will cause further increase in disease morbidity & mortality.

Conclusion: As India is looking forward to eradicate measles in the coming years, it becomes very important to increase knowledge regarding measles & improve attitude towards measles vaccine. This study brings out the scope of health education in the eventual goal of eradicating measles in the country.

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68.020

Factors Associated with Preventive Behavior on Dengue Hemorrhagic Fever Among Family Leaders in One Sub-District of Bangkok, Thailand

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This cross-sectional study was aiming to examine preventive behaviors on dengue hemorrhagic fever (DHF) among family leaders in Ban Chang-lo Sub-district, Bangkok-noi District, Bangkok, Thailand during February 2005. The sample was comprised of 414 family leaders who were interviewed by trained public health officers. Data were collected with questionnaires and were subsequently analyzed by descriptive and analytic statistics.

Results found that 65.2% of the 414 family leaders surveyed were at moderate risk in prevention, while 14.7% were at high risk group. There were significant associations between religion, knowledge, adequate resources, media information, and support and supervision from health officers with preventive behavior on DHF among family leaders ($p \leq 0.01$).